

Up-Date

ON HERBAL AND NUTRITIVE APPROACHES

CHINESE MEDICAL VIEWS AND TREATMENTS OF ALLERGY

BACKGROUND: FROM WESTERN TO ORIENTAL VIEWS

Allergy refers to a complex response to certain agents, called allergens, that produce a rapid physiological change, with results such as asthma, sinus congestion with sneezing, skin wheals (hives), or diarrhea. The unifying feature of allergy responses, which was identified in 1966, is involvement of the IgE system. IgE is one group of antibodies which specifically attach to mast cells (basophils) located mostly in the skin and the lining of the stomach, lungs, and upper respiratory airways. When the allergen binds to the antibodies, histamine and other chemicals are released from the mast cells, and this triggers the specific allergy symptoms, through dilation of vessels, leakage of fluids from the vessels, and muscular tightening (1). There is little doubt that these reactions belong to an important defense mechanism that may be of relatively little value for most members of developed countries, but which now causes significant distress under modern conditions.

Practitioners and laypersons involved with traditional and alternative healing techniques frequently use the term allergy very freely, referring not only to IgE-mediated responses, but also to non-specific hypersensitivity (which may be a psychosomatic response in many cases), intolerance, and many other undesirable reactions to environmental and dietary components.

Therefore, the incidence of allergy and its meaning are frequently interpreted differently by orthodox physicians and those involved in alternative approaches. Based on medical definitions, it is estimated that about 25% of the U.S. population has experienced an obvious allergic reaction to one or more substances (including materials relatively rarely encountered, such as certain drugs), with only 8% having allergies to common substances that would put them in the class of allergy sufferers. Much of this group has a genetic predisposition to allergy; an immune system weakness is believed to be responsible for the easy development of sensitivity to common substances. Allergic reactions have been subdivided into four types, of which type I refers to the "common allergy" which is the subject of this article, such as reaction to inhaled ragweed pollen or ingestion of strawberries, while the others refer to

a wide range of potential immune reactions, including autoimmunity.

The most outstanding feature of allergy is its apparent increase in frequency of occurrence during the past century. According to limited medical records available from the previous decade, allergy was a relatively rare problem during the 19th century in Europe. The increase in allergy incidence appeared earlier in developed countries than in traditional cultures, some of which experienced a rapid rise in allergy incidence only recently. Therefore, it seems that modern circumstances are at the root of many allergy problems. Because of this, there is little description of allergy and its treatment in traditional medical literature, including that from the Orient. There is a record of apparent severe and widespread hayfever that occurred unusually about 200 B.C. in China: "During autumn, there was still summer weather with prolonged heat and the nation was under deluge...the population suffered from nasal obstruction and clear discharge." There also are occasional mentions of causes and treatments for allergic rhinitis in various ancient Chinese medical texts, but the subject was never a central one.

Among the primary modern factors that have enhanced the incidence of allergy responses appear to be these:

Absence of breast feeding or breast feeding for too short a period leads to failure of the regulation of the IgE

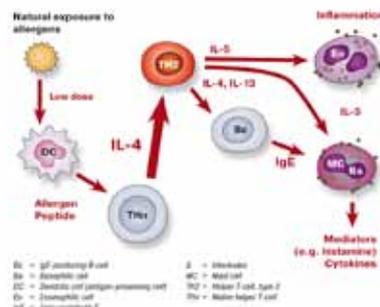


system. The allergy problem may be due to a combination of lacking the influence of breast milk components coupled with the influence of the contents of the breast milk replacements. Changes in breast feeding habits during the past few decades have been found to be responsible for several immune system problems, including susceptibility to infection and to allergy-induced rhinitis and otitis media.

Exposure to air pollution. While the air that humans contact has always been a carrier of pollens (generally more so in the past than in the present) and has long carried wood smoke, only during the last century has it become heavily polluted with discharges from industrial and transportation systems, especially in large cities. These pollutants, some experienced specifically in the indoor environment and others from outside sources, may activate the IgE system, possibly causing additional sensitization to substances other than those comprising the bulk of the air pollutants. There may also be some occurrence of allergy problems when chemical exposure of a pregnant woman (from environmental chemicals or ingested drugs or pollutants) affects the fetus.

Chronic over-ingestion of food. While humans have frequently through history experienced periods of feasting interspersing famine, only during the recent century have many people begun to experience chronic feasting, often with foods that were not commonly available in the past or with foods that are prepared differently than they were in the past. Such exposure may affect the IgE system which evolved to handle other kinds of gastro-intestinal problems, such as intestinal worms.

For these and other reasons, allergy is now a dominant medical concern. There are two basic methods for treating allergies (aside from avoiding exposure to the allergens) within the orthodox medical field. The most commonly used approach is to interrupt one or more of the many mediators of the allergy response, such as histamine release, so that the symptoms are relieved. The other is to attempt to cure the allergy by using a desensitization procedure, basically by



administering frequent small amounts of the allergen in hopes of causing T-cell anergy in relation to the allergen.

CURATIVE METHOD

The curative method is theoretically attractive, but, at present, it is not pursued strongly for a number of reasons. First, it is a bothersome procedure, usually involving regular cutaneous injection of allergens (though oral ingestion may work in some cases). Second, it is only successful a fraction of the time, that fraction depending on many factors, but being significantly below 50%. Third, many persons have allergies to several different allergens, making the procedure more complicated or, if it resolves only one or two allergies, not entirely attractive, because allergy problems persist (in fact, new allergies may simply develop, replacing those desensitized).

SYMPTOM INHIBITION

The symptom-inhibiting method becomes more attractive as a wider range of drugs with improved delivery systems (e.g., time-release, combination drugs), make them more effective. It is not known, however, whether strong suppression of the allergy response over an extended period of time—without improving the immune regulation simultaneously—might have some harmful effect. Further, the majority of drugs still produce undesirable side effects.



ALTERNATIVE APPROACH

Therefore, an increasing number of people seek alternative approaches to dealing with allergies. Before turning to Oriental methods, one should explore the relatively easy to apply Western methods (4, 5, 6), which will not be described here in detail, but which include:

Nutritional supplements: such as the vitamins C (3–6 grams per day), E (600–800 IU per day), B3 (50 mg twice daily), B5 (100–500 mg as needed), B6 (50 mg daily), and B12 (2 mg daily), and minerals, particularly calcium (500 mg per day), magnesium (400 mg per day), and zinc (25 mg per day). These may regulate the immune system and reduce the sensitivity to allergens.

Concentrated bioflavonoids, especially quercetin, which must be used in high dosages (two to three grams per day of single or mixed flavonoids, based on results of pharmacology studies and clinical observations) and/or fatty acids (e.g., Omega-3, -6, and -9) which also must be given in high dosage (about 1 gram each time, two to three times per day). These substances inhibit the allergy response sequence, but do so with little or no side effects.

Western botanicals, such as ginkgo, nettles, feverfew, and garlic. Research confirming their efficacy for allergies is still quite limited, but these herbs are non-toxic and may have several other health benefits. Ginkgo has a flavonoid component that probably has the same effects as quercetin, mentioned above.

The advantage of these Western approaches is that the materials are readily available over the counter and there is much published self-help information. A disadvantage of these methods, which may be overcome by visiting a health professional trained in using natural healing methods, is that the dosage form presented for over the counter sale is often too low to produce the desired effects.

Oriental medical methods almost always require a visit to a health professional for prescription of herbs (the individual may also receive valuable additional treatments, using acupuncture techniques). The Oriental approach is of particular interest if persons suf-

fering from allergies also have other health problems, so that the visit to the health professional may yield additional benefits beyond allergy relief. Also, the Oriental methods may succeed when the Western methods have failed because they sometimes depend on different active components and usually utilize a complex mixture that can have a synergistic action at modest dosage of each component, minimizing the chance of side effects and potentially correcting an underlying immune system imbalance.



In China, the search for specific treatments for allergy began in 1972, with investigations of *Ganoderma lucidum*, a medicinal mushroom that had long been known (it was famous 2,000 years ago), but which had been so rare as to be virtually unattainable by the general population until culturing of it began around 1970. The mushroom, its extract, and the supernatant from mycelia grown in batch culture was shown to inhibit histamine release from mast cells. Many other herbs used traditionally to treat allergies or conditions producing similar symptoms, have since been analyzed in terms of their effects on IgE, histamine release, and other aspects of the allergy response.

ALLERGY IN ORIENTAL MEDICINE: “INVASION OF WIND”

Because of the rapidity of reaction when allergies are involved, the Chinese traditional concept of wind (feng) is usually applied to describe its etiology. Wind is a pathogenic factor or physical response that comes and goes rapidly. It tends to cause congestion, with the typical symptoms that are observed in allergies (e.g., sinus congestion, local skin swellings). Wind has been described in the

most ancient of Chinese medical texts, and the term undoubtedly was applied to allergy reactions that occurred in ancient times. The exposure to an allergen that produces an IgE response is one of the descriptions, in modern terms, for the “invasion of wind.”

There are a number of herbs, well-known to all those trained in traditional Chinese herbalism, which are characterized as having the property of “dispelling wind.” Most often, these herbs have a low density (e.g., flowers, porous twigs) and have an acrid taste (frequently conferred by a volatile oil). It was thought by the ancient Chinese that such substances floated to the surface of the body because of their lightness, and dispersed the congestion there because of their acridity. Some herbs are classified as having the primary function of dispelling wind, while others have this as a secondary property.

Did the application of such herbs successfully treat allergies? Historians of Chinese medicine presume that they often did, because the Chinese herbalists have such a long history of using the herbs and re-evaluating their effectiveness; further, the same treatments are used today (sometimes with slight modifications) and seem to provide benefits to modern patients. During the past 20 years, Chinese pharmacologists have examined anti-allergy effects of numerous herbs in laboratory animals (with induced allergies) and in vitro systems (using allergen-primed excised tissues).

PREVENTING AND RESOLVING INVASION OF WIND

From the Chinese medical viewpoint, wind is able to affect the body because there is some internal weakness, especially a deficiency of the “defensive qi” (called wei qi) or a disturbance in normal balance between the defensive qi and “nutritive qi” (called ying qi). Therefore, qi tonic herbs are expected to help prevent allergies by replenishing any deficiency of the defensive qi to prevent wind invasion; they are utilized in the treatment of allergies for persons who frequently experience them (wind can affect anyone; the high

susceptibility indicates a predisposing imbalance). Qi tonic herbs are also part of the solution to resolving the symptoms of an invasion of wind, by aiding the circulation of qi, blood, and other fluids.

Qi deficiency may be a problem requiring special attention for persons who also have a syndrome of kidney essence deficiency, as this latter condition creates a situation in which the qi can not be invigorated even with the use of the above-mentioned herbs (however, placenta and ganoderma are also kidney essence tonics and therefore will be appropriate in such cases). The treatment of kidney essence deficiency, which is more common in elderly persons and those with multiple chronic health problems, is described in a later section. The deficiency of qi, as well as some cases of essence deficiency in children, may arise from in utero exposure to chemicals and from absent or inadequate breast feeding during the first year of life; further the kidney essence can be damaged by regular exposure to toxic chemicals (including drugs).

ACCUMULATION OF DAMPNESS

In most cases of allergy response, there is a localized build-up and/or discharge of fluid, which is part of the congestion induced by the IgE mechanisms. Herbs that dry dampness may be used by practitioners of Chinese medicine to counter this symptom of allergy. There are three basic categories of herbs that might be employed along these therapeutic lines: herbs that resolve or dispel phlegm and/or moisture, astringents, and bitter herbs (the latter dry mucus and many of them have a “cold” property that is useful for treating localized heat syndrome, as occurs with allergic dermatitis). Fluid accumulation is exacerbated by weakness of the spleen system, as described in traditional Chinese medicine, and this is a problem that can arise from excessive eating; the problem can also arise from anxiety, which is a factor that is recognized by most allergy sufferers as a contributor to the severity of allergy problems. Herbs with properties that alleviate the moisture problems have also been shown to have anti-allergy effects in pharmacology experiments.

Chinese doctors also frequently rely on hoelen (whole fungus of *Poria cocos*) and alisma (rhizome of *Alisma orientale*) to drain excess moisture in persons suffering from allergies.

If one were to construct an herbal formula based solely on the traditional principles of therapy—dispelling wind, tonifying qi, removing congestion—modern research would reveal that the formula includes several herbs with allergy-inhibiting properties, as currently defined by pharmacological research. This is the case even though of the several thousand herbs used in Chinese medicine only about 50 have been shown to have significant anti-allergy effects.

EXAMPLES OF TRADITIONAL TREATMENTS

Several formulas, not originally designed for allergy, from the ancient text *Shang Han Lun* (ca. 200 A.D.) are frequently used in modern practice of Chinese medicine, especially in Japan (Kampo medicine), to treat allergy symptoms:

Minor Blue Dragon Combination

(Xiao Qing Long Tang) is a decoction made from 9 grams each of ma-huang, asarum, cinnamon twig, pinellia, schizandra, licorice, ginger, and peony. This formula is used for allergic rhinitis and asthma. In a study of children treated for asthma with Minor Blue Dragon Combination, for which it was effective in 2/3 of the cases, it was shown that lower IgE levels following treatment correlated with success, while continued elevated levels correlated with failure of the treatment.



Ma-huang Combination

(Ma Huang Tang) is a decoction made with 15 grams each of ma-huang and apricot seed, 12 grams of cinnamon and 4.5 grams of licorice. The formula is used for allergic rhinitis. A recommended variation is to add 9 grams each of siler, magnolia flower, and xanthium, plus 4.5 grams of mume.

Pueraria Combination

(Ge Gen Tang) is a decoction made with 24 grams pueraria, 12 grams each of ma-huang and jujube, 9 grams each of cinnamon twig and peony, 6 grams of licorice, and 3 grams of ginger. This formula is used for allergic rhinitis and urticaria. For allergic rhinitis, a recommended variation is to add magnolia flower and cnidium.

Cinnamon Combination

(Gui Zhi Tang) is a decoction of 12 grams each of cinnamon twig, peony, jujube, and ginger, plus 6 grams of licorice. In modern practice, this formula is sometimes modified by adding either Xanthium Formula (Cang Er Zi Tang) for sinus congestion or Schizonepeta and Siler Formula (Jing Fang Bai Du San) for redness and swelling of the eyes.

Minor Bupleurum Combination

(Xiao Chai Hu Tang) is a decoction made of 24 grams each of bupleurum and pinellia, plus 9 grams each of scute, jujube, licorice, ginseng, and ginger. This formula is used for gastric distress, including food allergy, and for asthma; it is used to treat sinusitis by adding xanthium (9 g). A modified version of this formula also mentioned in the *Shang Han Lun* is Bupleurum and Cinnamon Combination (Chai Hu Gui Zhi Tang), made by combining Minor Bupleurum Combination and Cinnamon Combination. It has been observed recently that Bupleurum and Cinnamon Combination is effective for treating allergic dermatitis.

Ma-huang, Forsythia, and Phaseolus Combination

(Ma Huang Lian Qiao Chi Xiao Dou Tang) is a decoction made with 30 grams of phaseolus, 12 grams of apricot seeds, 9 grams each of ma-huang, jujube, forsythia, apricot seed, morus, and ginger, and 3 grams of



licorice. Forsythia contains oleanolic acid, which also inhibits allergies, especially dermatitis. This combination was reported effective for treating drug rash, allergy to paint, and general urticaria.

OTHER ANTI-ALLERGY HERBS

Some herbs have been revealed to have allergy-inhibiting actions in laboratory studies, but they may not easily fit into one of the above categories of therapy. Their allergy-inhibiting actions were observed in folk use of the herbs and/or in modern studies. These herbs, except for tang-kuei, are rarely found in traditional formulas that have been applied to allergy problems, but may be used in the future based on the ongoing research efforts.

Three common animal sources of gallbladder products, whole bladder, gall, and gallstone respectively, were described as having antiallergy activity; in addition, gall products from other animals are used in Chinese products for treating allergy (for example, crocodile bile is included in treatments for asthma).

The active components in tang-kuei are also found in the herbs cnidium (*chuanxiong*) and angelica (*baizhi*), which are commonly employed by Chinese doctors in allergy treatments and have wind-dispelling qualities; the active component of moutan is found in peony, used in most formulas that include cinnamon twig, and the active component of persica is found in apricot seed. Therefore, it is likely that these herbs share common anti-allergy actions.

Some herbs have been shown to effectively treat allergies in clinical evaluations, but the laboratory analysis has not been yet revealed specific anti-allergy activities. It is possible that the

herbs function by mechanisms other than direct inhibition of the allergy response sequence. Examples are:

Xanthium



was used to treat nearly 300 cases of rhinitis, including 93 that were defined as allergic rhinitis (the others were acute and chronic rhinitis and may have been due to infections or allergies or a combination of the two). It was reported effective for 89% of the cases of allergic rhinitis. It is a major component of the traditional Xanthium Formula (Cang Er Zi San), made with 7.5 grams xanthium, 15 grams magnolia flower, 30 grams angelica, and 2 grams mentha, used for treating of rhinitis. The herbs are powdered and taken in doses of 6 grams each time, preferably with a tea made from Chinese chives and green tea.

Ho-shou-wu



(root of *Polygonum multiflorum*) is reported to be effectively used to treat urticaria. It is a major ingredient of the traditional formula Tang-kuei and Tribulus Combination (Dang Gui Yin Zi), a decoction made with 15 grams tang-kuei, 12 grams rehmannia, 9 grams each of peony, cnidium, siler, and tribulus, 6 grams of ho-shou-wu, plus 4.5 grams each of schizonepeta and astragalus, and 3 grams of licorice, used for urticaria.

Schizonepeta



is reported to treat urticaria. It is included in the Japanese modification of a traditional Chinese formula, Bupleurum and Schizonepeta Combination (Shi Wei Pai Du Tang), made from approximately equal amounts of bupleurum, schizonepeta, forsythia, coix, cnidium, hoelen, siler, licorice, cherry bark (contains amygdalin), platycodon, tu-huo, and ginger. This combination is reported by Japanese doctors (15) to be effective in treating urticaria and allergic ophthalmia.

KIDNEY ESSENCE DEFICIENCY

A syndrome of kidney essence deficiency is described in traditional Chinese medical literature; the condition may be revealed in children by slow or incomplete growth and maturation, in adults with chronic health problems, and in elderly persons as a natural part of the aging process (but which may be accelerated as the result of diet, behavior, and other life-style factors). Some common indications of the syndrome include back ache, low sex drive and/or infertility, frequent night time urination, declining memory ability, and loss of homeostatic conditions (body temperature, blood sugar, blood pressure, normal wake/sleep cycle, normal distribution of water among the tissues). Medical markers include inadequate levels of hormones (including sex hormones, growth hormone, adrenal hormones), reduced numbers or reactivity of receptors (glucose receptors, cortisol receptors), and inadequate immune responses (reduced delayed type hypersensitivity reactions, low T-cell levels, insufficient antibody production in response to pathogens). In relation to allergy, the systemic disturbances may lead to an increase in the number of substances that act as allergens

and a slower recovery from the allergic response.

According to Dr. Hong-yen Hsu (40), deficiency of the kidney system manifests in cases of allergic rhinitis with symptoms of “nasal discharge, frequent sneezing, itching nostrils and ears—especially in the morning and evening—and a tendency to have asthmatic seizures upon stimulation or variation in temperature.” A formula used for treating this condition is Turtle Shell and Cistanche Combination (Yi Du Yang Yuan Tang), made with 15 grams tortoise shell (land tortoise), 12 grams each of rehmannia and cistanche, 6 grams each of anemarrhena, phellodendron, psoralea, and earthworm, plus 3 grams each of schizandra, deer antler, and scorpion.

Kidney essence deficiency is treated by a combination of yin tonic and yang tonic herbs. It has been shown that if various combinations of these herbs are given to persons diagnosed as having kidney essence deficiency who also have chronic allergies, IgE levels are significantly inhibited. These same kidney tonic herbs are revealed to affect hormone levels, many immune system parameters, and the functions of the internal organs. Typical herbs used for nourishing the kidney essence are rehmannia, lycium fruit, ho-shou-wu, epimedium, psoralea, cuscuta, cistanche, dioscorea, and eucommia. A formula for invigorating the kidney system, with rehmannia, psoralea, epimedium, dioscorea, cuscuta, and aconite (dosages not specified) was shown to have an antagonistic effect on allergic mediators. It was also found that the inhibition rate of suppressor T-cells was increased by the treatment. For chronic allergic rhinitis, the traditional kidney tonic, Rehmannia Eight Formula, made with 15 grams rehmannia, 9 grams each of moutan, cornus, alisma, dioscorea, and hoelen, and 3 grams each of cinnamon bark and aconite, is modified by adding curculigo, epimedium, or morinda, and reported to be effective.

A POSSIBLE ROLE FOR BLOOD-VITALIZING AGENTS

Recent research has revealed that the group of Chinese herbs commonly known as blood-vitalizers, are very helpful in the treatment of autoimmune diseases. Not only do symptoms improve, but also certain laboratory markers, such as antinuclear antibody tests become negative in some patients treated by this method. This finding has led to the suggestion that common allergies (type I allergies) might also be controlled by the same agents. The mechanism of action may be similar to that for kidney nourishing herbs: improved function of suppressor T-cells. In the treatment of autoimmune diseases, it is common to combine the blood vitalizing agents with qi tonics and kidney nourishing herbs.

According to Wu Tienhu, the "blood stasis type" of allergic rhinitis is often seen in middle-aged patients. A recommended treatment is the ancient formula, Tang-kuei and Peony Formula (Dang Gui Shao Yao San), comprised of tang-kuei, peony, cnidium, atracylodes, hoelen, and alisma, combined with Magnolia Flower Formula (Xin Yi San), a standard treatment for allergic rhinitis that contains mainly wind-dispelling herbs. Tang-kuei, peony, and cnidium are blood-vitalizers. Another variant is Tang-kuei and Peony Formula with added mentha, magnolia flower, and cicada. A formula recommended for the stagnation and heat type of allergic rhinitis is made with scute, anemarrhena, phellodendron, rehmannia, alisma, pueraria, cinnamon twig, red peony, and carthamus (the latter two herbs are considered strong blood-vitalizing agents, especially when combined with cinnamon). Both this type of allergic rhinitis and skin rashes (hives) have the characteristic of heat and stagnancy. A traditional formula recommended for urticaria is Tang-kuei and Gardenia Combination (Wen Jing Yin), made with 12 grams each of tang-kuei and rehmannia, 9 grams each of peony, cnidium, and scute, 6 grams of gardenia, and 4.5 grams each of coptis and phellodendron. Recent studies have shown that this formula

is also effective for treating recurrent asthma due to allergy, with an effective rate of about 74–79%.

Japanese doctors report that "for diseases of immune heredity such as chronic allergic inflammation, ma-huang-containing formulas, bupleurum-containing formulas, and stagnant blood-dispersing formulas are used. The primary blood-dispersing formula used in Japan and referred to in this comment is Cinnamon and Hoelen Formula (Gui Zhi Fu Ling San), comprised of equal amounts of cinnamon twig, persica, moutan, peony, and hoelen. It is often given to patients suffering from urticaria. By combining Minor Bupleurum Combination with Cinnamon and Hoelen Formula, one can use a lower dose of steroid drugs and obtain a superior effect in the treatment of allergies and autoimmune diseases.

Among the miscellaneous anti-allergy herbs, several are known to have blood-vitalizing properties, including artemisia argyi, tang-kuei (and the related herb cnidium), moutan (and the related herbs peony and red peony), persica, achyranthes, and ilex root. Additionally, the anti-allergy flavonoids, such as those found in citrus and scute, have anti-platelet sticking activity, which is one of the features of the blood-vitalizing herbs. It is possible that the mechanism of inhibiting the platelet sticking carries over to inhibiting the allergen-IgE binding or IgE-mast cell binding. Also, blood-vitalizing herbs have been shown to counteract increased vascular permeability, one of the reactions caused by histamine. Salvia, the primary blood-vitalizing herb of modern Chinese medicine, is reported to block the release of mediators of hypersensitivity.

Chronic allergies, especially allergic rhinitis, can cause damage to the microcirculation surrounding the mucous membranes. Further, circulation can be damaged by surgical removal of nasal polyps that result from chronic allergy, and from long-term application of steroids used for allergic asthma. The potential of blood-vitalizing herbs to regulate the aspects of immune function related to allergy still requires investigation, but it will be noted that

most prescriptions for allergies used in modern clinical trials contain tang-kuei or cnidium or both.

GENERAL MODERN TREATMENTS FOR ALLERGY

The "anti-atopy decoction" is comprised of bupleurum, siler, schizandra, mume, and licorice (proportions not given). The mixture is thought to reduce the antigen-IgE interaction. It is reportedly effective for treating allergic diseases in general and was shown to decrease the manifestation of anaphylaxis induced in mice. Similarly, the "prescription for desensitization," comprised of bupleurum, mume, siler, xanthium, cicada, and mentha, was developed on the basis of the traditional use of the herbs and modern laboratory and clinical experience.

An anti-allergy herb tablet was prepared for purposes of research evaluation by the Institute for Traditional Medicine, comprised of xanthium (13%), sophora (12%), and 5%-9% each of bupleurum, centipeda, scute, cynanchum, siler, mume, ginseng, licorice, asarum, and schizandra, in 1988. The formula, produced by powdering the herbs and compressing to make tablets, has been used for twenty four years, prescribed by health professionals worldwide, with apparent good response, though formal research has not yet been undertaken. The combination is intended to relieve allergic rhinitis and urticaria.

REFERENCES

- Clayman CB (ed.), *Encyclopedia of Medicine*, 1989 Random House, New York.
- Nesse, RM and Williams GC, *Why We Get Sick*, 1994 Random House, New York.
- Wu Tienhu, Allergic rhinitis as treated by traditional Chinese medicine, *Journal of the American College of Traditional Chinese Medicine* 1982, 1(1): 51–63.
- Werbach, MR, *Nutritional Influences on Illness*, 1993 Third Line Press, Tarzana, CA.
- Middleton, E, Effects of flavonoids on basophil histamine release and other secretory systems, in (Cody V, et al., editors) *Plant Flavonoids in Biology and Medicine*, 1986 Alan R. Liss, New York.
- Werbach, MR and Murray MT, *Botanical*

- Influences on Illness, 1994 Third Line Press, Tarzana, CA.
- Qiu Gang and Wu Anran, Chinese materia medica with anti-atopy effect, *Abstracts of Chinese Medicine* 1986; 1(1): 113–129.
- Sakawa Usio and Chun Yuito, Anti-allergic substances from Chinese medicinal plants, in *Advances in Chinese Medicine Materials Research* (ed. Chang, et al.) 1985 World Scientific, Singapore.
- Chang HM and But PPH (eds.), *Pharmacology and Applications of Chinese Materia Medica*, 1987 World Scientific, Singapore.
- Dong Zhi Lin and Yu Shu Fang, *Modern Study and Application of Materia Medica*, 1990 China Ocean Press, Beijing.
- Hsu HY, et al., *Oriental Materia Medica*, 1986 Orient Healing Arts Institute, Long Beach, CA.
- Hsu HY and Peacher WG, translators/editors, Shang Han Lun, 1981 Oriental Healing Arts Institute, Long Beach, CA.
- Xu Xiangcai (chief ed.), *The English-Chinese Encyclopedia of Practical Traditional Chinese Medicine*, volume 6, 1990, Higher Education Press, Beijing.
- Shao Nianfang, *The Treatment of Knotty Diseases with Chinese Acupuncture and Chinese Herbal Medicine*, 1990 Shandong Science and Technology Press, Shandong.
- Toyohiko Kikutani, *Combined Use of Western Therapies and Chinese Medicine*, 1987 Oriental Healing Arts Institute, Long Beach, CA.
- Dharmananda S, *A Bag of Pearls*, 1994 Institute for Traditional Medicine, Portland, OR.
- Akira Morishima, The use of Minor Blue Dragon Combination in the treatment of children with bronchial asthma, *Bulletin of the Oriental Healing Arts Institute*, 7(2): 1–16.
- Shen Ziyin and Wang Wenjian, Clinical evaluation of the recipe “kidney reinforcing regimen” in the treatment of kidney deficiency in traditional Chinese medicine, in (Zhou JH, et al., eds.), *Recent Advances in Chinese Herbal Drugs*, 1991 Science Press, Beijing.
- Wu Xianyi, et al., Treatment of allergic rhinitis with the method of treating lung, spleen, and kidney simultaneously, in (proceedings) *International Conference on Traditional Chinese Medicine and Pharmacology*, 1987 China Academic Publishers, Shanghai.
- Liu Zhi, Clinical and experimental studies on Yu Ping Feng San, *Fujian Journal of Traditional Chinese Medicine*, 1989; 20 (6): 36–37.
- Ou Ming (chief ed.), *Chinese-English Manual of Commonly Used Prescriptions in Traditional Chinese Medicine*, 1989 Joint Publishing Company, Hong Kong.
- Lin Wensen and Zhang Zhiyao, Clinical and experimental studies on the treatment of allergic rhinitis by tonifying vital energy and reinforcing superficial defense, *Journal of Traditional Chinese Medicine* 1989; 30(10): 608–611.
- Yu Yangju and Xu Yiping, Treatment of allergic rhinitis with Tian Huang Ling Granule, *Chinese Journal of Integrated Traditional and Western Medicine* 1989; 9(12): 720–721.
- Han Jingying, Treatment of allergic purpura with Chai Fang Gui Mei Tang, *Journal of Beijing Medical University* 1986; 18 (2): 143–144.
- Ren Yi, Treatment of 120 cases of allergic rhinitis with *Magnolia liliflora*, *Bulletin of Chinese Materia Medica* 1985; 10(5): 237.
- Zhang Zhinan, Treatment of blood diseases with traditional Chinese drugs alone or in combination with Western medicines: an overview, in (Zhou JH, et al., eds.), *Recent Advances in Chinese Herbal Drugs*, 1991 Science Press, Beijing.
- Yu Keyong, Treatment of 25 cases of allergic purpura in children with modified Si Wu Tang, *Hubei Journal of Traditional Chinese Medicine* 1988; (6):18.
- Li Zhong and Guo Xiangyun, Advances in the pharmacological studies on *Scutellaria baicalensis*, *Chinese Journal of Integrated Traditional and Western Medicine* 1989; 9(11): 698–700.
- Yin Jinzhu, et al., Regulatory action of *Glycyrrhiza uralensis* and *Lycium barbarum* on IgE antibodies response, *Journal of Beijing Medical University* 1992; 24 (2): 115–117.
- Zhu Liangfeng, et al., *Aromatic Plants and Essential Constituents*, 1993 Hai Feng Publishing Co., Hong Kong.
- Lu HC., *Chinese System of Food Cures*, 1986 Sterling Publishing Co., New York.
- Wang Qi and Dong Zhi Lin, *Modern Clinic Necessities for Traditional Chinese Medicine*, 1990 China Ocean Press, Beijing.
- Han Dewu and Xu Ruiling, Progress in the research on blood activation and hemostasis removal, *Abstracts of Chinese Medicine* 1988; 2 (4): 466–483.
- Li Fancheng, Conclusions from the study of 100 cases of allergic rhinitis by typing, *Journal of New Chinese Medicine* 1986; 2: 25–27.
- Dong Zhi Lin and Jiang Jing Xian, *100 Famous and Effective Prescriptions of Ancient and Modern Times*, 1990 China Ocean Press, Beijing.
- Li Lianda, Liu Ganzhong and Sun Hong, Drugs for activating blood circulation to remove blood stasis, in (Zhou JH, et al., eds.), *Recent Advances in Chinese Herbal Drugs*, 1991 Science Press, Beijing.
- Shigeru Arichi and Tadato Tani, The efficacies and therapeutic results of Chinese herbal formulas concerning bupleurum-containing formulas and stagnant blood formulas, *Oriental Healing Arts International Bulletin* 1987; 12 (7): 362–374.
- Chien-chih Chen, et al., Anti-allergic and anti-thrombic polymethoxyflavones from *Citri Leiocarpae Exocarpium*, *Journal of the Taiwan Pharmaceutical Association* 1986; 38 (2): 102–106.
- Hsu HY, Chinese herb therapy for chronic rhinitis, *Bulletin of the Oriental Healing Arts Institute* 1984; 9(1): 33–41.
- Chen MF, Allergic rhinitis, *International Journal of Oriental Medicine* 1991; 16 (2): 124–127.
- Zhang Wentao and Meng Rou, Autoimmune diseases as treated by traditional Chinese medicine, *Journal of the American College of Traditional Chinese Medicine* 1982; 1: 39–50.
- Yukio Ogihara and Tadahiro Takeda, The chemistry and pharmacology of *Asari Rhizoma*, *International Journal of Oriental Medicine* 1990; 15 (4): 199–204.
- Chen YP, On the CA⁺⁺-antagonistic constituents of some Chinese herbal drugs, *ROC-Japan Symposium on Oriental Medicine (abstracts)*, 1987, Brion Research Institute, Taiwan.
- Lewis, RA, Mast cell-dependent immediate hypersensitivity responses, in (Cody V, et al., eds.) *Plant Flavonoids in Biology and Medicine*, 1986 Alan R. Liss, New York.

XANTHIUM 12

allergies - sinusitis

The snow has melted and the air is warming. Gentle rains are falling and the earth is turning green. As the days lengthen and the air warms, flowers burst forth. Then, when the winds blow, the pollen from the multitude of flowers is carried everywhere. Sneezing, itching eyes, wheezing, and misery may result: it is allergy season. The combination of heat, dampness, wind, and blooming plants is associated with the beauty of spring for most, but for some it is the symbol for the congestion of allergy.

Chinese herbalists have come to the rescue for many sufferers by administering herbs that “dispel” wind (and, to a certain extent, with herbs to clear heat, and dry dampness). They select such herbs because they believe that the conditions of the environment and the conditions within the body often correlate, which is why symptoms appear. This type of analysis goes a long way to explaining why Chinese herbalists prescribe certain herbs to allergy sufferers; other considerations lead to including herbs for specific symptoms and herbs that found by modern research or long experience to be of help.

That long experience of Chinese herbalists over the centuries gives rise to repeated application of certain herbs deemed most reliable for allergy symptoms; for example: magnolia flower (xinyi), xanthium (cangerzi), angelica (baizhi), chrysanthemum (juhua), and scute (huangqin).

Modern science has been applied to the subject during recent decades to determine active constituents that are particularly effective and some mechanisms of their action.

XANTHIUM 12

Xanthium
Bupleurum
Scute
Siler
Ginseng
Moutan

Sophora
Centipeda
Cynanchum
Mume
Licorice
Schizandra

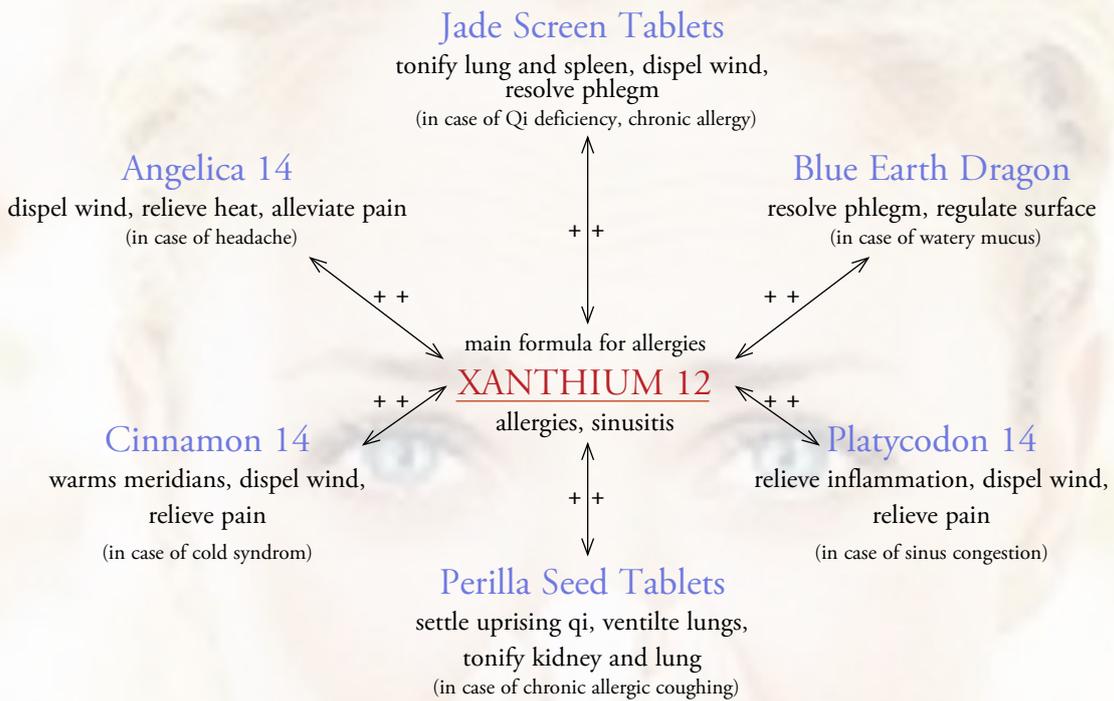
The unifying feature of allergy responses, identified in 1966, is involvement of the IgE system, a group of antibodies which specifically attach to mast cells (basophils) located mostly in the skin and in the linings of the stomach, lungs, and upper respiratory passages. Histamine and other chemicals are released from these mast cells, and this triggers the allergy symptoms through dilation of vessels, leakage of fluids from the vessels, and muscular tightening.

This particular formula was based primarily on treatments that were tried clinically for allergic rhinitis. Xanthium 12 includes herbs that clear heat (sophora, bupleurum, scute, moutan); herbs that tonify and astringe (ginseng, licorice, mume, schizandra); and herbs that dispel wind (xanthium, centipeda, cynanchum and siler). It is unclear whether allergies can be cured by use of herbal remedies. Certainly, the severity of allergic reactions might be calmed by tonifying deficiencies and clearing excesses that are underlying constitutional problems.

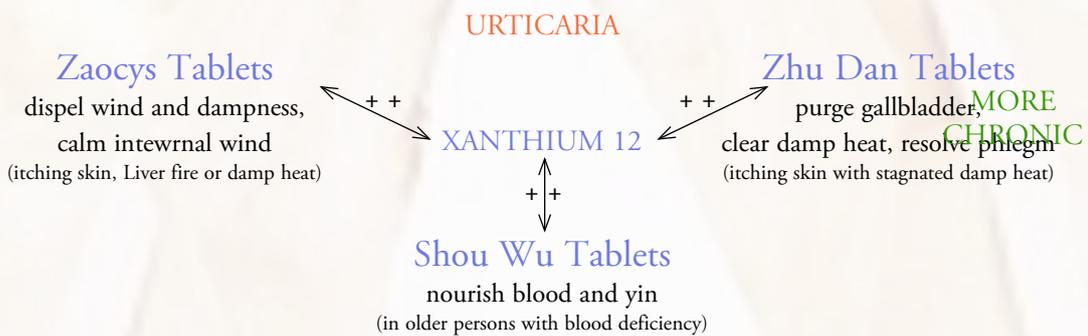
Other formulas that are also suited for alleviating allergies include Forsythia 18 (has chrysanthemum, schizonepeta, bupleurum, siler) and Angelica 14 (has angelica, chrysanthemum, siler). All of these allergy formulations include the ingredient scute (active component: baicalin), which is an herb for clearing heat and drying damp that has been found to have potent anti-allergy properties. Additional symptom relief might be obtained by using formulas for phlegm accumulation (e.g., Blue Earth Dragon, Platycodon 14, Pinellia 16) or skin rashes (e.g., Zaocys Tablets, Kochia 13).



OVERVIEW OF ALLERGY ORIENTED SEVEN FORESTS FORMULAS



OTHER ALLERGIC REACTIONS:



LIGUSTICUM

RHIZOMA CHUANXIONG - CHUAN XIONG

According to legend, the medicinal expert Sun Si Miao and his apprentice travelled to Mt. Qingcheng, Sichuan, during the early years of Tang dynasty. One day, while Sun and his apprentice were resting in the Qingsong forest, they saw a big female crane and several baby cranes playing in the stream. After a while, they began to hear continuous scream coming of the baby cranes, and found that the big female crane had bent her head down with both legs shivering. Judging from what he had seen, Sun believed that the female crane was coming down with an acute disease.

The next morning, Sun and his apprentice returned to the forest to look for the sick crane. They easily identified the nest from her loud cry. Shortly after their arrival, they saw several white cranes coming down from the sky and started to toss leaves into the nest. Sun's apprentice picked a couple of the leaves from the ground out of curiosity, but quickly threw it back after finding that the leaves resemble to that of carrots. However, Sun ordered his apprentice to pick the leave up again for reference.

On the third day, Sun and his apprentice visited the forest again for the sick crane. Strangely, they saw the same white cranes from yesterday circling above the nest of the sick crane. Instead of dropping leaves into the nest, they dropped some small white flowers. Again, Sun ordered his apprentice to pick a few samples of the flower.

On the fourth day, Sun discovered that the sick crane had recovered and was



out playing with the baby cranes. He also noticed that the mysterious white cranes stayed a great deal amount of time in a cave near Hun Yuan Ding cliff. Inside the cliff, there was a large green field of unknown plants, with leaves and flowers resemble to what the white cranes had dropped.

Sun suspected that the recovery of the sick female crane must have some kind of connection with the plant. He believed that the plant had the ability to activate the blood and meridian, dispel the wind, and relieve pain. Therefore, Sun took some samples before leaving and started to use it for his patients. With more and more satisfactory results reported from his patients, he named the plant Chuan Xiong, meaning the sky of Sichuan, as the herb were dropped by the cranes in the sky.



Ligusticum is the rhizome of *Ligusticum chuanxiong* Hort. Its properties are acrid and warm. It enters through the liver, gallbladder, and pericardium.

Actions & Indications:

Invigorates the blood and promotes the movement of qi

Expels wind and alleviates pain

Headaches

Caution & Contradiction

Contraindicated in cases of yin deficiency with heat signs, headaches due to ascendant liver yang, qi deficiency, or excessive menstrual bleeding. Vomiting and dizziness may occur from overdosage.

According to some traditional texts, this herb antagonizes *Fructus Corni officinalis* (Shan Zhu Yu) and *Radix Astragali membranaceus* (Huang Qi), counteracts *Talcum* (Hua Shi) and *Rhizoma Coptidis* (Huang Lian), and is incompatible with *Rhizoma et Radix Veratri* (Li Lu). for his patients. With more and more satisfactory results reported from his patients, he named the plant Chuan Xiong, meaning the sky of Sichuan, as the herb were dropped by the cranes in the sky.

Ligusticum is the rhizome of *Ligusticum chuanxiong* Hort. Its properties are acrid and warm. It enters through the liver, gallbladder, and pericardium.

The original article is from Brion Research Institute, translated by Sun Ten Pharmaceutical Co., Ltd.

IMPORTANT REMINDER: There is no clinical evidence that the specific formulas mentioned above provide any protection from or effective treatment for influenza (or related disorders). The information about these formulas is given here to illustrate the types of ingredients that practitioners of Chinese herbalism (such practitioners are usually licensed acupuncturists) might give to their patients, including the dosage, the timing in relation to beginning of influenza symptoms, and the duration of use (a nutritional supplement comprised of vitamins and minerals is also mentioned). Such practitioners might recommend these specific formulas or many others that have a similar design. Several articles are referenced in the above description as a resource to learn more about certain of the ingredients and about related formulas described in the Chinese herbal literature.